



# State of Utah

DEPARTMENT OF COMMERCE  
DIVISION OF CONSUMER PROTECTION

## CHARITABLE ORGANIZATION PERMIT APPLICATION FORM

**Annual Application fee: \$100.00 (Non-refundable)**

\_\_\_\_\_  
**Name of Charitable Organization**

\_\_\_\_\_  
**Date of Application**

### OFFICE USE ONLY

**Date Issued:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

**Exempt:** \_\_\_\_\_

**Denied:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_

**Percentage of total contributions that  
are available for the charitable  
purpose:** \_\_\_\_\_

Please mark the appropriate box:

☐ INITIAL  
APPLICATION

☐ RENEWAL  
APPLICATION

If you have any further questions, please contact the Division at (801) 530-6601.

Please make application fee check or money order payable to the **State of Utah**.

Please return the completed application form and check or money order to:

Department of Commerce  
Division of Consumer Protection  
160 East 300 South  
Box 146704  
Salt Lake City, Utah 84114-6704

**NOTE: The Charitable Solicitation permit will expire annually on the earlier of January 1, April 1, July 1, or October 1 following the completion of 12 months after the date of initial issuance.**

June 2007

**See Instructions for Charitable Organization Permit Application Form.**

**PART I: APPLICANT'S IDENTIFICATION**

1. Name of Charitable Organization: \_\_\_\_\_

2. Other Names that Applicant Uses: \_\_\_\_\_

3. Applicant's Street Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Contact Person's Mailing Address (if different): \_\_\_\_\_  
Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

4. Type of Organization:

a. Please indicate the applicant's form of business registration:

☐ Individual

☐ Partnership

☐ Association

☐ Non-profit 501(c)(3)

☐ Non-profit 501(c)(4)

☐ For Profit Corporation

☐ Other \_\_\_\_\_

b. Please provide a copy of the applicant's Articles of Incorporation or other organizational document; any by-laws or other document establishing day-to-day operations; and the applicant's IRS tax exemption letter. Please provide these documents if this is an initial application or these documents have been amended.

5. Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

6. Are there any organizations or persons controlled by, controlling or affiliated with the applicant?  
☐ Yes ☐ No

If "yes", complete item # 7. If "no", go to Part II.

7. List the following information concerning any organization or persons controlled by, controlling or affiliated with the applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

## **PART II: PARENT FOUNDATION**

1. Is your organization the parent foundation of a local unit or does your organization associate with a parent foundation? ☐ Yes ☐ No

If "yes", complete this Part. If "no", go to PART III.

2. List the following information concerning your parent foundation or local unit:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

3. List the state(s) where your parent foundation is currently registered.

4. Please provide a copy of your current contract with the parent foundation with this application.

## **PART III: PROFESSIONAL FUND RAISER, COUNSEL, CONSULTANT**

1. Does the organization use professionals to solicit directly? ☐ Yes ☐ No

Does the organization use volunteers to solicit directly? ☐ Yes ☐ No

2. Will your organization use a professional fund raiser, fund raising counsel or consultant in the upcoming year?

☐ Yes ☐ No

If "yes", complete this Part. If "no", go to Part IV.

3. List the following information concerning each professional fund raiser, professional fund raising counsel or consultant that you will utilize during the upcoming year.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Contract Effective Date: \_\_\_\_\_ Contract Expiration Date: \_\_\_\_\_

4. List the state(s) where your professional fund raiser, professional fund raising counsel or consultant are currently registered, if known.

5. List the amount paid to professional fund raisers, professional fund raising counsel or consultants during the previous year: \$\_\_\_\_\_.

6. Please provide with this application a copy of your current contract with each professional fund raiser, professional fund raising counsel or consultant that you utilize.

#### **PART IV: COMMERCIAL CO-VENTURER**

1. Will your organization use a commercial co-venturer in any charitable sales promotion conducted during the period of this application?

☐ Yes      ☐ No

If "yes", complete this Part. If "no", go to Part V.

2. List the following information concerning each commercial co-venturer that you utilize.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

3. Indicate the date that the charitable sales promotion is expected to commence: \_\_\_\_\_

#### **PART V: CHARITABLE PURPOSE OF ORGANIZATION**

1. Describe the charitable purpose of your solicitation and the use of the contributions solicited:

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## PART VI: FINANCIAL INFORMATION

1. Please provide the following information from your most recently filed IRS Form 990 or, if you are not required to file IRS Form 990, from your annual financial statements for the calendar year immediately preceding the date of the application. An initial applicant with no previous financial information is required to complete this Part using pro forma financial statements or budgets.

A. Fiscal year ending date: \_\_\_\_\_

B. Contributions (line 1e of IRS Form 990 or line 1 of IRS Form 990EZ): \$ \_\_\_\_\_

C. Fundraising Costs (line 15 of IRS Form 990): \$ \_\_\_\_\_

D. Management and general costs (line 14 of IRS Form 990): \$ \_\_\_\_\_

E. Fundraising costs as a percentage of contributions (divide line C by line B): \_\_\_\_\_%

F. Fundraising costs plus management costs as a percentage of contributions (divide lines C + D by line B): \_\_\_\_\_%

G. Percentage of contributions that remained available for application to the charitable purposes declared in this application (100% minus line F): \_\_\_\_\_%

2. Please state the total amount of contributions collected from Utah donors for the fiscal year reported in paragraph 1 of this Part, if known. \$ \_\_\_\_\_

## PART VII: METHOD OF SOLICITATION

1. Please check each applicable method by which solicitations will be conducted and indicate the projected length of time that the solicitation will be conducted during the upcoming year.

<u>Method of Solicitation</u>	<u>Dates of Commencement/Termination</u>		<u>Dates of Commencement/Termination</u>
<input type="checkbox"/> Telephone	_____/____	<input type="checkbox"/> Sell advertising	_____/____
<input type="checkbox"/> Direct mail	_____/____	<input type="checkbox"/> Sell Coupon	_____/____
<input type="checkbox"/> Door-to-Door	_____/____	<input type="checkbox"/> Sell other item	_____/____
<input type="checkbox"/> Special events	_____/____	<input type="checkbox"/> Other (explain)	_____/____
<input type="checkbox"/> Show or performance	_____/____	_____	_____/____
<input type="checkbox"/> Grant writing	_____/____	_____	_____/____

2. If any of the methods of solicitation are to be conducted by Applicant's professional fund raisers or professional fund raising counsel or consultant please identify which methods will be used by which fund raiser(s).

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3. Please provide with this application a copy of any telephone transcript that is to be used in your solicitations.

4. Does your organization utilize vending devices? ☐ Yes ☐ No

If "yes", complete this Part. If "no", go to Part VIII.

a. Indicate the type of vending device.

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b. List the location(s) of the vending device(s).

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c. Indicate the length of time the vending device will be utilized.

Beginning Date

Expiration Date

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### **PART VIII: INJUNCTION, ORDER OR CONVICTION**

1. Has the Applicant or any officer, director, manager, operator, principal, agent or employee of the Applicant been enjoined by any court, or been the subject of an administrative order (including issued in this or another state and including voluntary agreements of compliance?) ☐ Yes ☐ No

If "yes", please explain in detail including the nature of the proceeding, date, location and current status.

Please provide a copy of the order with this application.

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2. Has any officer, director, manager, operator, principal, agent or employee of the Applicant been convicted of any crime involving moral turpitude? (For purposes of this question, "convicted" includes a plea of guilty pursuant to a plea in abeyance agreement.) ☐ Yes ☐ No

If "yes", please explain in detail including the nature of the proceeding, date, location, sentence and current status. Please provide a copy of the order with this application.

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## PART IX: ORGANIZATION

1. Provide the following information for Applicant's Registered Agent:

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Name

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Street Address

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City

State

Zip Code

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Telephone Number

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Facsimile Number

2. List the following information concerning the Applicant's partners, principals, officers and directors.

Name

Address

Telephone number

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## PART X: SOLICITING WITHOUT PERMIT

1. If this is an initial application or a renewal application of an organization which has let its permit expire, has the applicant conducted activities regulated by the Charitable Solicitations Act, Utah Code Title 13, Chapter 22, without being duly registered with the Division?

This includes soliciting, requesting, promoting, advertising, or sponsoring a charitable solicitation in the state of Utah without being duly registered with the Division.

[ ] Yes      [ ] No

2. If "yes", please explain in detail, including how much was collected, who actually coordinated and scheduled the solicitation(s), the dates of the solicitation(s), and the number of pieces mailed and/or the number of solicitations made for each date indicated.

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## **PART XI: SIGNATURE / ACKNOWLEDGEMENT**

The person signing this application on behalf of the charitable organization:

- affirms that this application is complete and not misleading;
- understands that this application is subject to audit; and
- acknowledges that fund raising in Utah will not commence until both the charitable organization, its parent foundation, if any, and the professional fund raiser or professional fund raising counsel or consultant are registered and in compliance with the Utah Charitable Solicitations Act.

**DATED:** \_\_\_\_\_

**APPLICANT:**

**BY** \_\_\_\_\_  
**ITS**



## LIST OF DOCUMENTS TO ATTACH

### PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING DOCUMENTS:

- A. Copy of Application for Tax Exempt Status filed with the IRS;  
(Only attach to Initial Application and/or First Renewal dated after 7 Feb 2005);
- B. The Applicant's articles of incorporation or other organizational documentation showing its current legal status **(initial application only, unless amended)**;
- C. The Applicant's current by-laws or other policies and procedures governing its day-to-day operations **(initial application only, unless amended)**;
- D. The Applicant's IRS Section 501(c)(3) or 501 (c)(4) tax exemption letter, if applicable **(initial application only, unless amended)**;
- E. Telephone transcript to be used in solicitation, if applicable;
- F. Most recent IRS Form 990 or annual financial report filed with the IRS **(with signature)**;
- G. Current contracts used during the period of this application with professional fundraiser, professional fund raising counsel or professional fund raising consultant, if applicable;
- H. Current contract with parent foundation, if applicable; and
- I. Any order or judgment resulting from any injunction or criminal conviction disclosed in this application.